

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1		1			
17						
18						
19						
20						
21						
22						
23						
24						
25			1			
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34			1			
35				1		
36				1		
37				1		
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42						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2		1			
TOTAL DEP.	22		33			
TOTAL CLAIMS	24		37			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS